Janes mense	added by supplement
	BOARD OF HEALTH 4 4 45 ES 153
BUREAU OF VI	TAL STATISTICS
PLACE OF BIRTH STANDARD CERTI	FICATE OF BIRTH
County Supplement ATTACHED	State State
District or Township.	or Village (82410)
City No Registrosson	St. Ward (red iya hospital or institution, give its NAME instead of street and number)
Rull name of child	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY and the sexual of the	6. Legitimate? 7. Date Jan 29 1978  Gro Month Day Year
PATHER	14. MOTHER
Pull name ( alumbus Markin	Full maiden name Valua Cluff
9. Residence	15 Residence (Usual place of abode)
(Usual place of abode)  If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Color or race
11. Age at last birthday (Years)	While 17. Age at last birthday (Years)
11. Age at last offthusy(Years)	
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation Quantum	19. Occupation
Nature of industry	Nature of industry
20. Number of children of this mother	
(Taken as of time of birth of child herein (b) Born alive bertified and including this child.)	ut now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
t hereby cartify that I attended the hirth of this child, who was	Born alive or stillborn.)
* When there was no attending physician ) Signature	porces
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Physician
shows other evidence of life after birth.	(Physician or midwife).
Given name added from supplemental report	payen ans
Month, day, year 5.36	13 01 ONKisses
Registrar Filed	Registrar

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